



WELLSPAN

Orthopedics

Application For 4th Year Rotators Only

WellSpan Orthopaedic Surgery Residency

Updated 1/2/2024

WellSpan Orthopaedic Surgery Residency

Medical Student Audition Rotation Application

Please complete form, save and email to llewis8@wellspan.org
For **MAC** users, please download Adobe Reader to complete this application
For Your Future Reference: This application is similar to the ERAS Application

PROFILE

First Name:

Middle Name:

Last Name:

Contact Email Address:

CONTACT INFORMATION

Street Address:

City:

State/Province:

Zip/Postal Code:

Phone Number:

CITIZENSHIP

US Citizen

Non-US Citizen

If you are a foreign national, outside the US, or currently in the US in valid visa status, please respond: Will you need "visa sponsorship" through ECFMG (J-1) or the teaching hospital (H1B) in order to participate in US residency training?

YES

NO

Type of Visa needed:

BOARD EXAM/AOA/SSP/ACLS

COMPLEX LEVEL 1: Pass Fail

COMPLEX LEVEL 2:

USMLE STEP 1: Pass Fail

USMLE STEP 2:

Request Dates of Rotation (4 weeks only)

APPLICATION

GENERAL INFORMATION

Hometown: _____ Birth Date: _____

Gender M F

Are you committed to fulfill a US military active duty service obligation/deferment?

YES NO Years: _____ Branch: _____

Do you have any other service obligations? (i.e. Military Reserves or Public Health/State programs)

YES NO Description: _____

EDUCATION

(Include only Higher Education)

1.

Institution: _____

Location: _____

Education Type: _____

Field of Study: _____

Date of Graduation: _____

Dates of Attendance: _____ To _____

2.

Institution: _____

Location: _____

Education Type: _____

Field of Study: _____

Date of Graduation: _____

Dates of Attendance: _____ To _____

MEDICAL EDUCATION

1

Country:

Institution:

Degree Expected or Earned:

Institution Location:

Degree:

Degree Date:

Date of Attendance:

To

2

Country:

Institution:

Degree Expected or Earned:

Institution Location:

Degree:

Degree Date:

Date of Attendance:

To

EXPERIENCE

****Please include any paid or unpaid clinical, teaching and work experiences.*

1

Experience Type:

Organization:

Position:

Supervisor:

City/State/Country:

Average hours/week:

Description of duties:

Reason for Leaving:

Dates of Experience:

To

2.

Experience Type:

Organization:

Position:

Supervisor:

City/State/Country:

Average hours/week:

Description of duties:

Reason for Leaving:

Dates of Experience:

To

3.

Experience Type:

Organization:

Position:

Supervisor:

City/State/Country:

Average hours/week:

Description of duties:

Reason for Leaving:

Dates of Experience:

To

4.

Experience Type:

Organization:

Position:

Supervisor:

City/State/Country:

Average hours/week:

Description of duties:

Reason for Leaving:

Dates of Experience:

To

5.

Experience Type:

Organization:

Position:

Supervisor:

City/State/Country:

Average hours/week:

Description of duties:

Reason for Leaving:

Dates of Experience:

To

PUBLICATIONS

****Please include Author(s), Title, Publication Name, PMID, Volume, Issue#, Pages, Months and Years*

MISCELLANEOUS

Was your medical education/training extended or interrupted?

YES NO

Reason:

Hobbies / Interests / Interesting things about YOU:

Medical School Awards:

Other Awards/Accomplishments:

Membership in Professional/Honorary Societies:

ESSAY

In a FEW paragraphs answer the questions: *Why Orthopedic Surgery? Why York Hospital?*